

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024222

ENDED

Registration District No. 314 Primary Registration District No. 6062 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doyal</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 M-S-Vista Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> c. CITY OR TOWN <u>Parkville</u> d. STREET ADDRESS (If outside, give location) <u>R.F.D.# 4</u>			
3. NAME OF DECEASED First Middle Last <u>Aubrey Allen Barrett</u>				4. DATE OF DEATH Month Day Year <u>July 6, 1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/3/39</u>	
9. AGE (last birthday) <u>21</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) <u>Mt. Vernon Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Troy Barrett</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Janie Carr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes, give war or dates of service)) <u>No</u>		16. SOCIAL SECURITY NO. <u>432-72-2387</u>		17. INFORMANT Address <u>Lynn Carr, Heber Springs Arkansas</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u> DUE TO (b) <u>Car Accident</u> DUE TO (c) <u>Car left road and hit a tree</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Stated Above</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>5:A.M. 7/6/60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On HWY:# 13</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>1/2/m-s- Vista, St. Clair Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>5:00:A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Darrell B. Bradfield Coroner</u>				22b. ADDRESS <u>Osceola Missouri</u>		22c. DATE SIGNED <u>7/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/6/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Searcy</u>		23d. LOCATION (City, town, or county) (State) <u>Searcy Arkansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Feedrich 7-Home Osceola Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. B. Smith

Licensed Embalmer No.

3038

P. O. Address

Osceola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.